

State of Washington

FEB 1 4 2007 For Ecology Use Fee Paid 156.

Application for a Water Right
Please follow the attached instructions to avoid unnecessary

Date 2-14-07

Section 1. APPLICANT - PERSON, ORGA			
Name BEEKS RANCHES, INC	Home Tel:(509)384-5481		
Mailing Address 815 OLD Hwy 8	Work Tel:(509) 384- 5481		
City ROOSEVELT State WA Zip+4 993.			
Section 2. CONTACT - PERSON TO CALL ☐ Same as above	L ABOUT THE APPLICATION		
Name JIM BEEKS	Home Tel:(509)384 - 5481		
Mailing Address 8/5 OLD HWY 8	Work Tel:(509)384- 5481		
City ROOSEVELT State WA Zip+4 9935	56 +9730 FAX: (509)384 - 5661		
Relationship to applicant OWYBR and			
Check if the water use is proposed for a short-term proj From/ to/ Section 4. WATER SOURCE	Aground water source (check only one) for the purpose(s) ATTACH A "LEGAL" ions.) NOTE: A tax parcel number or a plat number is not ber year: 500 APPE FEET PER YEAR ect. Indicate the period of time that the water will be needed:		
If SURFACE WATER	If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for well(s).		
Number of diversions:			
Source flows into (name of body of water):	Size & depth of well(s): 1/14WoTGP212-14" Exect 1200 feat DEGP		

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LO	CATIO	N							
	er the n		and east-w	vest distance	es in feet from	n the point of dive	rsion or	withdrawa	to the nearest
-4	401	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
							Lot	Block	Subdivision
600	HU	54	13	34	195	KLIEKITAT			
300.	STN. ETE.	EZEZ	18	314	20E	KLICKITAT	T		
For E	cology Us	e Date Re	ceived: 62	14/2002	Priority	Date: 02/14/20	107		
SEPA	A: Exempt/	Not Exempt	FERC Licens	se #		Dept. Of Health #			
Date	Accepted A	As Complete		By	Date F	Returned	By	WRIA	31-Klickitat
			7-M						
C.	FOR CE UI	e DR POPS 1 PATC=1R ou already l	A TILIZ USS	ERICY ENYF — ater rights or	ATIOIN O	TECHNOLI ated with this proper	Y(V). O KY ty or syst	AC A	PRICULTU
	omple	ted for al	l domesti	c/public s	upply uses.				
A.	Num	ber of "con	nections" re	quested:	Г А Туре	e of connection	Homes A	Anartment	Recreational etc.)
B.	If yes	ou within t s, explain w	ne area of a	n approved v	water system?	stem. Note: Regiona			LI YES LI NO
Com	plete	C. and D.	only if th	e propose	d water sys	tem will have fif	teen or	more con	nections.
C.	Wash	nington Stat	e Departme	system plan nt of Health	approved by the	the se attach the current	approved	d version of	☐ YES ☐ NO Your plan.

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D.	Do you have an approved conservation plan? If yes, when was it approved? /// Please attach the current approved version of the current approved.	☐ YES ☐ NO of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)	
A.	Total number of acres to be irrigated: 251	
B.	List total number of acres for other specified agricultural uses:	
	Use Acres Use Acres Use Acres	
C.	Total number of acres to be covered by this application: 25/.4	
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).	237, Laws of 2001)
	 Is the combined acreage greater than 6000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no: 	□ YES ⋈ NO □ YES □ NO
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, Dairy - # Milking # Non-milking	, see below)
	Section 8. WATER STORAGE	
Will	you be using a dam, dike, or other structure to retain or store water?	□ YES 🕱 NO
some j	E: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at th portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservation from the Department of Ecology.	
Sec	ction 9. DRIVING DIRECTIONS	
Provi	de detailed driving instructions to the project site. SANE WEST FROM ROLL SRIA TO WILLEPOST 128, BO NORTH OIX COUNTING ROADS' APPROXI MATERY A WILLS,	NOSEVECT

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Section 10. REQUIRED MAP

Attach a map of the project. (See instructions.) SEE ATTACH WETYTS

A.	Does the applicant own the land on which the water will If no, explain the applicant's interest in the place of use		YES D NO
	if no, explain the applicant's interest in the place of use	and provide the name(s) and add	ess(es) of the owner(s).
	Does the applicant own the land on which the water sou If no, submit a copy of agreement:	urce is located?	ØYES □ NO
			lerstand that in order
	tify that the information above is true and accurate to t ocess my application, I grant staff from the Departmen	it of Ecology access to the site for	
o pr non	rocess my application, I grant staff from the Department itoring purposes. Even though I may have been assisted loyees of the Department of Ecology, all responsibility f	d in the preparation of the abov	r inspection and e application by the
o pr	rocess my application, I grant staff from the Department itoring purposes. Even though I may have been assisted loyees of the Department of Ecology, all responsibility f	d in the preparation of the abov for the accuracy of the informat	r inspection and e application by the ion rests with me.
non empl	ocess my application, I grant staff from the Departmen itoring purposes. Even though I may have been assisted	d in the preparation of the abov	r inspection and e application by the ion rests with me.
non empl	rocess my application, I grant staff from the Department itoring purposes. Even though I may have been assisted loyees of the Department of Ecology, all responsibility for the Department of Ecology, all responsibility for the Department of Ecology.	d in the preparation of the abov for the accuracy of the informat	r inspection and e application by the ion rests with me.

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Use this page to continue your answers to any questions on the application. Please indicate section number before answer.
SERTIONS PLACE of USES
TITE WATER IS TO BE USED FOR IRRIGATION ON!
PORTIONS of THE S.E. 1/4, SERTION 13, TOWNSHIP 3N, RANGE 19E. und PORTIONS of THE GAST 1/2 of THE GAST 1/2, SERTION 18, TOWNSHIP 3N, RUNKE 20E.,
GAST 1/2, SECTION 18, TOWNSHIP 3N, RUNKED DET.
PLIENITAT COUNTY

We are returning your application for the following reason(s):					
Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128				
Section number(s) is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE				
Explanation:					
Please provide the additional information requested above and return your application by(date).					
Ecology staff Date					

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

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